

Request for Waiver From Filing Information Returns on Cartridge, Diskette, or CD

Firm Name: Mailing Address: Federal EIN: City/State/ZIP Code: Waiver Request for Tax Year:
City/State/ZIP Code: Waiver Request for
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Contact Name: Title: Telephone Number:
1. This request is for the following returns. 1098 1099 5498 W-2G
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Anticipated volume, all returns:
If other please identify type(s):
ii other piedoe identity type(5).
2. Is this the first year you have submitted a waiver request?
☐ Yes ☐ No
2. Bearing francisco and the second s
Reason for your waiver request
4. Have you been granted a waiver by the IRS?
Approved requests are valid only for the tay year indicated. Cybes great toy year universe report he filed consentably on
Approved requests are valid only for the tax year indicated. Subsequent tax year waivers must be filed separately on form FTB 6274 or the federal equivalent. If this waiver is approved, the applicable paper return copies must be filed with
us by the filing due date of May 31 for Form 5498 and February 28 for all other information returns. If the corresponding
due date falls on a Saturday, Sunday, or legal holiday, the due date is extended to the next business day.
I declare that I have examined this form, including any accompanying statements, and, to the best of my knowledge
and belief, it is true, correct and complete.
Signature: Title: Date:

Note: This completed form can be faxed to: Data Exchange (916) 845-5550